

Please print or type

Date Issued: \_\_\_\_\_

## CONSUMER COMPLAINT FORM

Name of Nurse: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

Nurse's License #: \_\_\_\_\_ Nurse's SS #: \_\_\_\_\_

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Nurse's Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Phone #: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

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Your Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Daytime Phone #: ( ) \_\_\_\_\_

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Were you a patient of this nurse? ☐ Yes ☐ No

If so, during what period of time? \_\_\_\_\_

As a patient, will you consent to release to this Board, or its designated investigating body, copies of medical reports and records relating to you and to this occurrence from any hospital, related institution or physician? ☐ Yes ☐ No

Please write a description in as much detail as possible, stating the exact nature of your complaint(s) against this nurse. (Use as many additional sheets as necessary, number them, and sign each one at the bottom.)

This image shows a full page of white paper with horizontal black lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

List the name, address, and telephone number of any witnesses to the occurrence(s), including any person who was present at the time of the occurrence(s).

Name	Address	Telephone #s

Have you made this complaint to any other person or organization? ☐ Yes ☐ No

If so, to whom? \_\_\_\_\_

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I hereby declare and affirm under the penalties of perjury that the matters of facts set forth in the foregoing complaint are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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The Board is not permitted to release any information about an investigation until a final order is issued. If you wish to be notified of the Board's decision in this case, please check below.

☐ Yes, I wish to be notified of the Board's decision.